



Dear Parents,

The City of Scottsdale's Adapted Recreation Services is pleased to welcome your teen to our 2006-2007 Chaparral Teen Connection.

The Chaparral Teen Connection will be located at Chaparral Park (5401 N Hayden Road). Program starts at 2:45pm and ends at 5:30pm.

Enclosed is an information packet that includes the following: registration/medical release form, notice of non-liability, behavior management policy, and guidelines and an updated Annual Information Form. Please take the time to read through them with your teen in order to prepare you and your teen for this exciting recreational experience.

Thank you for all your support and we look forward to seeing you. If you have any questions or need further assistance, please call Adapted Recreation Services at 480-312-2234.

Sincerely,

Johanna Bookbinder, CTRS
Asst. Recreation Coordinator

Deanna Zuppan, CTRS
Sr. Recreation Coordinator

Please mail your forms to: Adapted Recreation Services
7340 Scottsdale Mall
Scottsdale, AZ 85251



Program Begins August 21, 2006

Deanna Zuppan, CTRS Adapted Recreation Services Coordinator 312-2204

Johanna Bookbinder, CTRS Assistant Recreation Coordinator 312-2218

Location:	Chaparral Community Center 5401 N. Hayden Rd. , Scottsdale
Phone:	(480) 312-2234 Adapted Recreation Services (M-F 9am-5pm) (480) 312-0229 Program Site (M-F 2:45-5:30pm)
Days:	Monday through Friday
Times:	2:45-5:30pm
Dates:	August 21, 2006 - June 6, 2007 <i>* There will be no program during school holidays or intercession breaks.</i>
Cost:	Free!
Participants:	Special Education Students Grades 7-12



PROGRAM DESCRIPTION

The Chaparral Teen Connection after school program is geared for special education students having developmental disabilities including mental retardation. Activities include indoor and outdoor games, arts and crafts, physical fitness, and social recreation. Unique aspects of this program include cooperative games, monitored attendance, 1:10 staff-to-participant ratio, and programming emphasis upon social and leisure skill development.

Snacks

To keep our costs "free," we ask parents to donate non-perishable snack foods, such as: graham crackers, cookies, chips, pretzels, fruit, powdered drink mix, granola bars, etc. We will serve a daily snack at the beginning of each program. We appreciate any donations that you can contribute!



Monthly Newsletter

The staff and teens will be developing a monthly newsletter. It will highlight activities, important dates to remember, monthly birthdays, etc. Please be sure to check our "Parent Information Board" to receive the latest edition. Teens will also bring a copy home during the 1st week of each month.

PROGRAM POLICIES

Attendance

Daily attendance is optional and flexible, but please inform the program staff if your teen will be out for an extended period of time. This will enable us to serve others on our waiting list. If your teen is scheduled to be bussed to the program site then you must commit to a firm schedule for attendance. (It is difficult for the school district to re-route busses to accommodate changes in schedules. In the case of special appointments or other temporary changes, we ask that parents either pick up their teen at school before he boards the bus, or at the program site.)

Activity Participation

Participants are required to stay within the program boundaries. Participation is encouraged, however, never "forced". If a teen prefers not to participate, he/she may stay with the group until he feels like joining in. Alternate activity choices may be suggested.

Communication

Parents are encouraged to speak with staff regarding how your teen's day went. Any concerns may be addressed at a convenient time for you, when the staff can call you at home, if you prefer.

Drop off time/Pick-Up

The program begins at 2:45pm and ends at 5:30pm. Please be sure to have alternative transportation arranged if you are unable to pick up your teen promptly, by 5:30pm. Adult classes are scheduled to begin in the room, following the end of our program. If your teen has not been picked up by 5:30pm, staff will begin calling the emergency contacts listed on your child's registration form. If your teen has not been picked up by 6pm, staff may contact the police. *Participants repeatedly picked up late may be dropped from the program until more reliable transportation arrangements can be made.*

Transportation

Bus transportation will be provided for special education students attending Scottsdale Public Schools. To confirm your child's transportation arrangements, please contact the district office. The schools request a 5-day working notice to arrange bussing to the program site. Please notify the program staff of any changes in your teen's transportation.



SCHEDULE ADJUSTMENTS

Early Release Days

The program will be following the **Standard School Calendar**. We will accommodate early release days that follow this calendar. We will need you, as parents/guardians, to inform the staff of any unscheduled early-release days. Most of our staff attends college classes in the morning and without a minimum of 5 working days notice, we may not be able to accommodate an unscheduled early release. Please call the program supervisors as soon as you are aware of any early releases at your child's school.

Scheduled early release days for this year are:

September 13, 2006 December 6, 2006 January 24-26, 2007
2007 June 4-6, 2007

January 31, 2007 March 14,

There will be no program on school holidays or intercession breaks.

Scheduled Holidays and breaks for this year are:

September 4, 2006
October 2, 2006
October 23-27, 2006
November 23-24, 2006
December 25-29, 2006
January 1-5, 2007
January 15, 2007
February 19, 2007
March 26-30, 2007
April 7, 2007
May 28, 2007



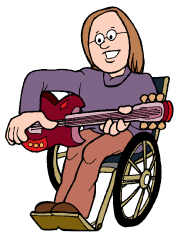
EMERGENCIES/ILLNESSES

In the case of emergency or illness, program and administrative staff will attempt to contact the parent or guardian immediately. If you are not available, we will contact one of the two persons you list as an "emergency contact" on your child's registration form. **Please notify us if your daytime phone number changes, or if your emergency contacts change.**

Participants exhibiting symptoms of illness should not attend the program until they are well. Please do not send your teen to program if he/she is not feeling well. We want to avoid infecting staff and other program participants.

AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act of 1990 prohibits discrimination in public programs on the basis of disability. Eligible individuals with a disability are entitled to reasonable accommodation for participation in public programs as a provision of the federal legislation. Auxiliary aids and services may include interpreter services, support staff, alternative information format, etc. Scottsdale's Community Services Department is committed to supporting the full inclusion of persons with disabilities into all public facilities, programs, and activities. If you or your children need assistance to access and enjoy any of these programs, please indicate your need by contacting Adapted Recreation Services: 312-0218. All requests must be made after completing registration and be requested a minimum of ten working days prior to the starting date for the program.



PARK BEHAVIOR POLICY



Parks and Recreation Division



Behavior Policy

- . Kindness, consideration and courteous behavior is appreciated and expected.
- . Treat every park patron and staff member with respect.
- . Respect facility property and the property of others.

The following is not tolerated by participants, park patrons, or staff:

- | | |
|-------------------|--|
| ♦ Verbal abuse | ♦ Disorderly Conduct |
| ♦ Intimidation | ♦ Profanity/Threats |
| ♦ Harassment | ♦ Violation of law |
| ♦ Criminal damage | ♦ Use of alcohol/illegal substances |
| ♦ Solicitation | ♦ Threatening or jeopardizing the health, safety and/or well being of others |

The Parks and Recreation Division complete behavior policy is available upon request.

Unacceptable behavior may result in suspension

EXPECTED PARTICIPATION BEHAVIOR

RULES:

Listen and follow directions.

Be kind and respectful.

Keep your body to yourself.

Respect other people's property.

CONSEQUENCES:

Warning and rule reminder.

Time Out (no longer than 5 minutes).

Contact parents regarding inappropriate behavior

Contact parents to pick up child.

If any program participant engages in aggressive or threatening behavior, immediate action will be taken. Parents will be informed to pick up their child and participant may be suspended from attending the program until situation is resolved.

City of Scottsdale AFTER SCHOOL PROGRAM
PERMISSION/authorization/notice of non-liability

TEENS'S NAME _____ AGE _____

PARENT'S
NAME _____ PHONE _____

ADDRESS _____

Permission Slip & Authorization Regarding Medical Assistance

I hereby give permission for the above-named child to participate in the City of Scottsdale's after school program. I understand off site excursions or activities require transportation and that my child can participate only in such excursions or activities for which I have given a separate, signed permission slip.

I hereby authorize the City of Scottsdale staff to obtain any needed medical assistance for my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.

Photo Permission

I do ☐ do not ☐ grant full permission to the City of Scottsdale to use the above named likeness participating in this program, without obligation or liability to that person.

Signature: _____ Date: _____
(PLEASE PRINT)

Notice of Non-Liability

I understand that physical injury may occur during participation in this program. By signing below I hereby release and agree to hold harmless the City of Scottsdale and it's representatives to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation.

Signature: _____ Date: _____
Parent/Guardian

Teen's Name: _____

Attendance Schedule

I would like my teen to attend the program on the following days:

___ Mon ___ Tue ___ Wed ___ Thu ___ Fri

School Information

My teen attends _____(school)

My teen's teacher is _____

How will your teen be getting home at the end of each day?

___ Dial-A-Ride

___ Parent/guardian

___ Friend/other-designated person

___ Walk/bike

EMERGENCY MEDICAL INFORMATION

Teen's Name _____ **Age** _____ **Birthdate*** _____

*Birth Certificate verification is required for registration in Total Recreation Enrichment Club *

Street Address _____ **Apt #** _____

City _____ **Zip Code** _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Name _____

E-mail addresses _____

PHONE NUMBERS (please include area codes)

CONTACT	DAY	EVENING	PAGER/MOBILE
Mother			
Father			
Emerg #1			
Emerg #2			

MEDICAL INFORMATION

Doctor: _____ **Phone:** _____

Insurance Company: _____ **Policy:** _____

Preferred hospital:** _____

****YOUR CHILD WILL BE TREATED AT THE NEAREST HOSPITAL UNLESS OTHERWISE SPECIFIED****

CITY OF SCOTTSDALE YOUTH PROGRAMS DO NOT PROVIDE FOR THE ADMINISTRATION OF MEDICATION, WHETHER PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS (COLLECTIVELY "MEDICATIONS"). IT IS THE RESPONSIBILITY OF THE PARTICIPANT'S PARENT OR GUARDIAN TO ADMINISTER MEDICATIONS. FOR THE SAFETY OF ALL PARTICIPANTS, NO PARTICIPANT SHALL BRING MEDICATIONS TO A PROGRAM OR PROGRAM SITE, OR HAVE MEDICATIONS ON THEIR PERSON. IN THE EVENT THAT TAKING MEDICATION IS ESSENTIAL TO ALLOW PARTICIPATION IN A PROGRAM AND THE PARTICIPANT'S PARENT OR GUARDIAN IS UNABLE TO ADMINISTER THE MEDICATION, THE CITY MAY IN SOME INSTANCES BE ABLE TO PROVIDE THE SERVICE. THIS SERVICE WILL BE AVAILABLE, HOWEVER, ONLY AT LOCATIONS WHERE THE MEDICATIONS MAY BE SAFELY STORED AND THERE IS SUFFICIENT STAFF AVAILABLE TO PROVIDE THE SERVICE. THE ADMINISTRATION OF ANY MEDICATIONS BY CITY STAFF SHALL BE SUBJECT TO THE PRIOR COMPLETION OF A "MEDICATION CONSENT FORM" BY THE PARTICIPANT'S PARENT OR GUARDIAN AND COMPLIANCE WITH ANY OTHER CONDITIONS ESTABLISHED BY THE CITY.

Is participant taking medication? YES NO If yes, please complete the following information:

Name of Medication	Dosage	Dispensing Times	
1.			
2.			
3.			